

THE  
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF  
MEDICINE AND SURGERY.

EDITED BY

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## MEDICINE AND SURGERY.


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
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# THE AMERICAN PRACTITIONER.

APRIL, 1873.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### FACTS AND REMINISCENCES OF THE MEDICAL HISTORY OF KENTUCKY.\*

BY LEWIS ROGERS, M. D.,

*President.*

#### GENTLEMEN OF THE SOCIETY:

I esteem it a very high honor to be the presiding officer of the Kentucky State Medical Society, an association composed of members, past and present, many of whose names are among the most distinguished of this country. I deem myself specially fortunate in being permitted to enjoy this honor in the prosperous and hospitable metropolis of Western Kentucky. I am pleased with the centrifugal movement which this meeting inaugurates. Heretofore we have met in the more central parts of the state; hereafter we may indulge the hope that the members from the remote parts will more fully participate in our proceedings, and contribute the result of their varied observation and study to the common stock.

\*An Address before the Kentucky State Medical Society, at Paducah, April 1, 1873.

I am sure that I shall not be mistaken in the expectation that this meeting in Paducah will add greatly to the future usefulness of the Society by enlisting new and zealous workers who have not heretofore been associated with us.

As the time for our annual reunion approached, my mind became somewhat solicitous as to the subject of this address. What shall I or what can I write about that had not been presented to you in a more attractive form than I felt that it was possible for me to present it was naturally a question of much anxiety to me. The subject of medical education was "a thrice-told tale." In all of its many important phases, as connected with medical schools and office instruction, it had been discussed over and over again much more ably than I could discuss it. This would not do. And so in regard to the amount and the kind of education which should be required as preliminary to the study of medicine. This had formed the vexed topic of many an interesting debate before this body and elsewhere. Sanitary science, in all of its wide range, had often been pressed upon your attention and disposed of as it should be. I could add nothing to it. And so again with the Anatomy Bill, with the law for the government of apothecaries, and many other matters of equal and even greater moment. They all have reference to the present or future interests of the public and the profession, and I have felt so sure that they would continue to command the public and professional mind until their beneficent purposes were accomplished that I could but deem it unprofitable to raise my voice in their behalf.

The history of medicine in Kentucky, the remarkable record which the profession has made since the very infancy of the state, are topics which may be recalled with just pride and very great pleasure. I propose to speak of some of these by-gone things as "Facts and Reminiscences of the Medical History of Kentucky." Many of the facts are already familiar



to you in a fragmentary form; it may not be unprofitable or uninteresting to view them in a group. My own reminiscences may be received for what they are worth.

Whatever may be, the present status of Kentucky medicine—and I hold that it is high—the past at least is secure. When Kentucky was to a large extent a wilderness, and not yet wholly free from hostile incursions of the Indians, when the population was so sparse as scarcely to give encouragement to any educational enterprises except such as were necessary for the simplest branches of learning, the interests of medicine were not only not neglected but received conspicuous regard.

In 1798 "Transylvania Seminary" and the "Kentucky Academy" were united under one board of trustees, with the name of "Transylvania University," and in 1799 law and medical departments were added to the academical. Dr. Samuel Brown was appointed the first professor of medicine in Transylvania, and the *first* in the West. Dr. Francis Ridgeley was appointed a professor in the University shortly after Dr. Brown, and was the *first* to deliver a course of medical lectures in the West. From 1799 to 1817 various appointments were made in the medical department, and partial courses of lectures were delivered. During this interval, among the locally-distinguished men who were appointed to professorships, none were more remarkable than Dr. Joseph Buchanan. He died in Louisville in 1829; and I call up from the memories of my boyhood, with great distinctness, his slender, flexible form, massive head, and thoughtful, intellectual face. He was a man of great and varied powers of mind. He was a mechanical, medical, and political philosopher. His "spiral" steam-boiler, the prototype of the exploding and exploded tubular boiler, and his steam land-carriage, were among the wonders of the day. As a physician, his papers attracted distinguished notice from the medical *savans* of Philadelphia, then the great center of medical

science. As a political writer, he was deemed worthy to discuss, and did discuss with power and effect, the momentous problems of special and general political economy agitating the country at the stirring period when Clay, Webster, John Quincy Adams, John C. Calhoun, and Andrew Jackson were the ruling spirits. Dr. Buchanan was then editor of the Louisville Focus, a post for which he was selected by the discerning mind of William W. Worsley, the founder of the Louisville Focus and of the great publishing-house of John P. Morton & Co. If Dr. Buchanan had concentrated his wonderful mind upon some one of the great branches of medicine, he would have added much to the luster of Kentucky medicine. "His full nature, like that river of which Alexander broke the strength, spent itself in channels which had no great name on the earth."

In 1817 a full course was given in Transylvania to a class of twenty pupils, and in the spring of 1818 the degree of M. D. was conferred for the *first* time in the West. John Lawson McCullough, of Lexington, was the *first* graduate in medicine in the valley of the Mississippi. History thus assigns to Kentucky the honor of inaugurating the teaching of scientific medicine in the West. The first to begin, she has occupied the most prominent position in this field of education to the present time. Her schools have been the most popular, her classes the largest, her professors the most learned, her graduates the leading practitioners of the South and West, her influence upon practical medicine and surgery greater than that of all other schools.

Ranck's History of Lexington states "that vaccination had been introduced for several years in Lexington by Dr. Samuel Brown, of Transylvania, when the first attempts at it were being made in New York and Philadelphia. Up to 1802 he had vaccinated upward of five hundred persons in Kentucky." This invaluable discovery was announced by Jenner in 1798, and we find it successfully introduced into

the backwoods of the West, by Kentucky enterprise, before 1802. The Kine-pock Institution of New York was established in 1802.

The Eastern Lunatic Asylum has long enjoyed a distinguished place among institutions of the kind in this country. Dr. W. S. Chipley, for so many years the eminent superintendent of this asylum, has made it known at home and abroad by his valuable reports and other papers upon mental alienation. This asylum was founded in 1816, under the name of the "Fayette Asylum." It was the *first* ever established in the western country, and the *second* state asylum opened in the United States.

In connection with the history of medicine pertaining to Lexington, Dr. B. W. Dudley must ever occupy a conspicuous place. Distinguished in every branch of surgery, he was particularly eminent, as we all know, as a lithotomist. If not the first surgeon to perform this operation in Kentucky and the West, he was the first lithotomist in the number and successful results of his cases of the period in which he lived. His fame was co-extensive with surgical literature.

If Kentucky had conferred no other benefaction upon mankind, the operation of ovariotomy performed for the *first* time by Dr. Ephraim McDowell, of Danville, in 1809, would entitle her to immortal honor. I believe that no one now denies to Dr. McDowell the originality of this heroic surgical achievement. Every surgeon in this country concedes it. In a conversation which I had, in 1865, with a number of eminent surgeons of Great Britain, among whom may be mentioned Mr. Spencer Wells, Mr. Baker Brown, and Sir James Syme, no one had any reserve on the subject except Mr. Syme. While he did not deny the claim of Dr. McDowell, he did not admit it. It is not a little amusing sometimes to notice with what reluctance European writers recognize the great works of American surgeons and physicians. In a recent article in the Edinburgh Review upon the progress of medi-

cine and surgery, the operation of ovariectomy is fully discussed without the mention of Dr. McDowell. Mr. Spencer Wells is made the hero of the operation.

The value of this operation can be better estimated by the statistics of eminent specialists. It is to be viewed as a remedy for a disease of utter hopelessness, if permitted to pursue an undisturbed career. Medicines have no influence over it. Though a few may live many dreary years, the average duration of ovarian tumors is from two to three years. Dr. McDowell operated thirteen times, as far as can be ascertained. He preserved the lives of six out of seven of his first patients. How many of the other cases were successful is not known, though it is certain that several were saved. Up to June last Mr. Wells's ovariectomies numbered 500, with 128 deaths. From March, 1870, to April, 1871, he had a succession of 32 cases in private practice without one death. Dr. Keith, of Edinburgh, up to July last had operated 146 times, with only 26 deaths. Dr. W. L. Atlee, of Philadelphia, has operated about 300 times. Mr. Clay, of Manchester, up to December, 1871, had operated 250 times, with 182 successes. The results may be tabulated, so as to be seen more clearly:

Spencer Wells, 73.25 per cent.	Kimball, . . 66.11 per cent.
Clay, . . . 72.80 "	Dunlap, . . 80.00 "
W. L. Atlee, . 71.00 "	Peaslee, . . 67.85 "
Bradford, . . 90.00 "	Thomas, . . 66.66 "

Keith has attained the highest success yet achieved in Europe, having saved 81 of his first 100 cases, and 30 of his next 36 cases. In the United States the general average is 63 per cent., in Great Britain 60, in France 50, in Germany 41.66. Spencer Wells thinks the average will yet be 90 per cent. of cases in private practice, without excluding those extreme cases in which the operation is performed as a forlorn hope.

My purpose in presenting these details is to call attention to the fact that Dr. Taylor Bradford, of Augusta, Ky., has *already* attained the 90 per cent. success which Wells thinks *may be* ultimately attained. In Kentucky, where the operation was first performed, the *highest* success has been reached.

Peaslee presents the great benefits conferred by ovariectomy in the following words: "It may be shown that in the United States and Great Britain alone ovariectomy has within the last thirty years directly contributed more than thirty thousand years of active life to woman, all of which would have been lost had ovariectomy never been performed."

The Institution for Deaf-mutes, in Danville, Ky., was founded in 1823. It was the first institution of the kind established in the West. It followed closely upon those of Hartford, New York, and Philadelphia. From a small beginning it has become a noble and most beneficent school. Mr. Jacobs, so long its superintendent, has made it known throughout the civilized world. The results attained in the education of deaf-mutes are astonishing. They no longer speak by a manual alphabet or manual signs only, but are trained to utter their thoughts in articulate sounds wonderfully perfect.

Dr. McDowell and Mr. Jacobs have given the name of Danville an illustrious perpetuity, and bequeathed to their successors in that beautiful town a reputation which their pride should be emulous to sustain. It is not an undeserved eulogium to say that Dr. John D. Jackson and his associates of the Boyle County Medical Society uphold very ably the prestige already acquired.

Dr. Alban Goldsmith was an assistant to Dr. McDowell in several of his ovariectomies, and operated himself one or more times. He visited Europe at the time that Civiale was attracting great attention to his original operation of lithotripsy. Dr. Goldsmith, under the teachings of this master, perfected himself in this specialty; and returning to his home

in Kentucky operated on a gentleman in Lincoln County in 1829, the *first* operation of lithotripsy ever performed in Kentucky or in the United States. Dr. Goldsmith, desiring a wider field for his labors, removed to Louisville in a short while. In that city I had the pleasure of seeing him operate in this special way and in other branches of surgery. While residing in Louisville he conceived the project of another medical school, recognizing the importance of a large hospital and its clinical facilities in the teaching of medicine and surgery. To carry out this admirable design he procured from the legislature, in 1833, the charter of the "Medical Institute" of Louisville. A faculty was organized, but did not lecture. When a portion of the faculty of the Medical Department of Transylvania University seceded from that school, in 1837, they organized under the charter of the institute, and continued to act under it until the University of Louisville was chartered, in 1845. Dr. Goldsmith may thus be considered the legal founder of a school so long sheltered by his charter.

From Louisville Dr. Goldsmith removed to Cincinnati, and for a time was professor of surgery in one of the schools of that city; but finally settled permanently in the city of New York, pursuing to the close of his life the special branch of surgery in which he was so skilled. His son, Professor Middleton Goldsmith, is well known to the profession of this state as an able teacher and practitioner of surgery.

Dr. Gross, in his report on Kentucky Surgery, made to this Society in 1852, remarks: "In the treatment of hernia Kentucky may justly claim the credit of having effected one most valuable improvement. The truss invented by Mr. Stagner, and afterward modified by Dr. Hood, has acquired a world-wide celebrity. The value of the invention of Stagner and Hood can be fully appreciated by those only who are familiar with the nature and treatment of hernia, and with the state of our knowledge thereof prior to their time."

In the same report Dr. Gross records "that some years ago Dr. Bowman, of Harrodsburg, showed me an instrument for injecting the parts immediately around the abdominal canals and apertures with a weak solution of iodine and other articles. It was constructed upon the principles of an ordinary syringe, with an extremely delicate nozzle, intended to be introduced through a small opening in the skin. The instrument was successfully used in several cases." We here find the hypodermic syringe foreshadowed, if not actually invented. When Wood published his first papers on the subject of hypodermic medication, I carried out the practice, with the syringe having a delicately-curved nozzle used by dentists, in the treatment of an obstinate case of lumbago. Dr. S. Brandeis, of Louisville, imported the first hypodermic syringe ever used in Kentucky, as he also did, through me, in 1862, the first laryngoscope.

The Louisville Marine Hospital was founded in 1817, and was among the first of the great public charities in the valley for sick and disabled marines. It was sustained partly by taxes upon sales at auction, and partly by a fund created, under a law of the United States, from weekly or monthly sums paid by all sailors navigating the Ohio and other western rivers. This institution was admirably managed. Its trustees were selected from the best citizens of Louisville, and its physicians and surgeons were the *élite* of the profession—mature men engaged in a large and busy private practice. Among them I recall the names of Drs. Richard Ferguson, George W. Smith, Coleman Rogers, Joseph Middleton, John P. Harrison, R. P. Gist, and Llewellynn Powell. Conspicuous in this medical staff, for personal virtues, for the qualities of the Christian gentleman, for all of the attributes of the accomplished physician, it gives me pleasure to single out for special notice Dr. Harrison. My earliest recollections of medicine are associated with this remarkable man. I knew him well, and his history has always been a favorite theme

with me. In this hospital he labored very faithfully, and laid the foundation of a medical career of great usefulness and distinction. Kentucky never produced a more worthy son. He was an assiduous worker at the bedside and in the dissecting-room. He spent many of the long winter nights in the study of all forms of anatomy by minute and careful dissection. Not content with the modicum of anatomical knowledge acquired while attending his several courses of lectures, it was his custom to revise this important branch of study every winter. As a boy, I was often his companion in the fourth story of the hospital. Dr. Harrison was a general as well as a medical scholar. He delighted in all kinds of polite literature. He was peculiar in his habits of reading. The lighter works of general literature occupied his leisure hours in the warm summer months, while the long winter evenings were devoted to the severer studies of the sciences. He was never idle. Of an ardent and active temperament, he could not be idle. He was a man of the purest personal and professional honor. Toward his professional brethren he bore himself with fastidious care. In medical ethics he was a martinet. There were subordinate qualities about Dr. Harrison which should and can pertain to every physician. Every one can not be tall and graceful in form as Dr. Harrison was, with dark hair and complexion and keen gray eyes; but every one can have agreeable manners, a dignified bearing, and be neat in dress and person. Dr. Harrison was always so. He dressed simply but elegantly, and every thing about him looked the refined gentleman. His office was attractive, the furniture good and in order, the books in his large library systematically arranged. When his patients called upon him they were impressed by these things. His horse was always well groomed, his harness bright, and his gig perfectly clean. In all regards he sustained the respectability of his calling. These personal details may seem unworthy of notice in an address like this, but they have an important moral. I am



sure that the influence and usefulness of medical men in cities, villages, and country places, are materially lessened by inattention to such matters as were striking qualities of Dr. Harrison. Personal qualities are often tokens of professional character. Slovenly dress, unkempt hair, a dirty office, with a few broken chairs, and a rickety table with a dusty slate on it, are not likely to inspire the sick with pleasant ideas of their medical adviser. Such conditions spring from and react upon the character of the physician.

Dr. Harrison kept himself fully up with the advances of medicine. The first stethoscope I ever saw, and the first one brought to Kentucky, was imported by him. It was of the pattern originally devised and made by Laennec himself, and was in my possession for many years. Dr. Harrison talked of going to Europe to study this new physical diagnosis of diseases of the chest, but was for a time skeptical as to the reality of Laennec's great revelations.

In this connection my memory calls up the interesting fact that Prof. Henry M. Bullitt, of the Louisville Medical College, was the first physician in Kentucky, as far as I am informed, to carry the stethoscope into the daily study of his cases. He returned from Philadelphia in 1838, having become an expert in this method of diagnosis, under the teachings of Gerhard and Pennock. I was then pursuing the same study in the wards of the Marine Hospital, and owe my first advances to the instruction of Dr. Bullitt. Dr. Bullitt brought with him, besides this practical knowledge, a mind thoroughly and ardently imbued with Louis's inductive method of studying disease. This method, substituting carefully-ascertained facts and the results inductively evolved from them for mere closet theories, was then bringing about a thorough revolution in the science of medicine. In this Dr. Bullitt played an efficient part by his pen and his teachings.

Dr. Harrison appreciated at an early day the importance of clinical medicine, and was among the first in the West to

give clinical lectures, in the wards of the Marine Hospital, to a class of students. The clinical advantages of Louisville caused him to look to that city as the future seat of a great medical school.

In 1834 Dr. Harrison removed to Philadelphia to find a more suitable theater for the realization of his ambitious purposes. He was called very soon, however, to fill an important chair in one of the schools of Cincinnati. While teaching here, and for many years before, his pen was prolific in the production of valuable papers on various medical subjects. As a teacher of *materia medica* he was distinguished for his sound and practical therapeutics. He was an able practitioner, and brought before his class the ripe fruits of his extensive experience. He published a "Treatise on *Materia Medica* and Therapeutics," the first and only systematic work on this subject by a western physician. The practical portions of this work are excellent, and worthy of all respect even at the present day. The book is remarkable as being probably the last ever published in this country in which the doctrines of pure solidism are asserted and those of humoralism opposed. The idea of the absorption of medicines by the blood-vessels is vehemently rebuked.

In 1838 Dr. Charles Caldwell delivered the first clinical lectures of the University of Louisville in the wards of the Marine Hospital. I was his clinical assistant. In 1839 the *first* clinical amphitheater ever founded in the West was attached to this Hospital. From that room, for more than thirty years, the practical lessons of Drake, Gross, Eve, J. B. Flint, Bartlett, Ethelbert Dudley, Annan, Austin Flint, Palmer, Hardin, Middleton Goldsmith, D. W. Yandell, and their associates and successors, have been diffused throughout the length and breadth of this country.

Dr. Samuel L. Metcalfe, who died in Philadelphia in 1856, had a scientific character of which Kentucky may well be proud. Though known to many of the older physicians, he

is possibly unknown to some of the junior members of the profession. In 1833 Dr. Metcalfe published, at New York, a treatise, entitled "A New Theory of Terrestrial Magnetism," containing speculations of a remarkable character, and contending for the identity, in certain relations, of heat, electricity, and magnetism. In it were the germs of the great philosophical theory called "the correlation of forces," now received by the scientific world. This book was reviewed by Dr. T. S. Bell, in the *Louisville Journal*, shortly after it was published, and pronounced the first work of its kind on the subject.

In 1838 this work was expanded into a noble treatise, entitled "Caloric: its mechanical, chemical, and vital Agencies in the Phenomena of Nature." Dr. Metcalfe took the manuscript to London and endeavored to find a publisher. One was at last found, who agreed to publish it provided the author would permit him to submit the manuscript to the inspection and approval of a scientific reader employed for such purposes. The manuscript was kept for some weeks, and after many calls Dr. Metcalfe succeeded in recovering it, with the information that the judgment of the reader was unfavorable. Prof. J. B. Flint was in London at the time, purchasing the library for the Medical Department of the University of Louisville, and to him Dr. Metcalfe communicated these facts; with the additional statement that he had ascertained, beyond a doubt, that Michael Faraday was the reader to whom his manuscript had been submitted. The doctrine of "the correlation of forces," which forms a conspicuous element of the fame of Faraday, was clearly and cogently taught in this new work of the Kentucky philosopher; and prior to the time that Dr. Metcalfe's manuscript was perused by him he had never taught any thing of the kind. In 1843 Dr. Metcalfe published his treatise in two large volumes. It was received in Europe with an unusual amount of favor. In 1853 a second edition was published.

a copy of which is owned by my distinguished friend, Dr. T. S. Bell.

Dr. Metcalfe resided near Simpsonville, Shelby County, while in Kentucky. The state, and especially the medical men, have abundant reason to cherish his well-earned fame. His reputation was so firmly established in Europe that he was importuned to become a candidate for the Gregorian Chair in the University of Edinburgh, which he declined.

In January, 1843, Dr. Wm. A. McDowell, a cousin of the great ovariologist, and one of his aids in the performance of his operations, published an octavo volume, of two hundred and sixty-nine pages, entitled "A Demonstration of the Curability of Pulmonary Consumption in all of its Stages." Dr. McDowell removed to Louisville some years anterior to this date, with a name and prestige which soon won for him an excellent practice in all of the branches of medicine. Pulmonary consumption was one of his favorite subjects, and he soon put forth the claim of unusual success in the treatment of this disease. Such unusual results were announced as to excite in the minds of his professional friends an unjust suspicion of charlatanism. When his book appeared it was received not only with incredulity but with severe and sneering criticisms. Time, however, has done justice to Dr. McDowell's character and claims. The work, though defective in literary merit, crude in many of its ideas, and asserting powers for many medicines which they do not possess, contained not only the germ but the substance fully developed of the therapeutics of consumption now considered orthodox. He states that he first derived the views which he inculcates, modified by what he denominates the *antipodal* plan, from Dr. Joseph Parrish, of Philadelphia. To quote the language of his preface: "We concluded upon combining his theory with an antipodal plan which we ourselves had determined to adopt, consisting of a course of dietetics and regimen calculated to produce acquired gout; for we

regarded gout as the extreme athletic or tonic morbid condition, consumption as the extreme atonic." Though this mode of presenting the subject be crude and coarse when compared with our more refined and seemingly more recon-dite rationale of treatment, the same great analeptic truth underlies both. I have no doubt that Dr. McDowell cured many cases of genuine phthisis pulmonalis, and prolonged the lives of many more, as the tonic and restorative plan, now universally adopted, is well known to do. His book was in advance of the times in this country certainly, and I do not know that a formal presentation of the subject had then been made in Europe. Dr. J. Hughes Bennett, of Edinburgh, and other distinguished co-workers, were beginning to inculcate very strongly the same method of treatment, but had not given a published form to their views. This book of Dr. McDowell's has not secured the place in the literature of pulmonary consumption to which its intrinsic merit entitles it.

The Kentucky Institution for the Blind was incorporated in 1842. The movement for such a school in our state was inaugurated by Dr. S. G. Howe, of Massachusetts, who had so successfully begun the beneficent work in the latter state. Kentucky was among the first to follow the example of the "Old Bay State." From its foundation to the present time this institution has been an object of just pride. Much of its progressive success has been due to an eminent member of our profession. "To inaugurate a great charity is a noble work; but to watch over it, to foster it, to stand by it from the beginning, to be its firm friend through every disaster and its counselor in every emergency, to give it unwearied attention for over thirty years, and sacrifice to its good an incalculable amount of anxious thought and valuable time, is surely equally noble. Such services the state of Kentucky has received from Dr. Theodore S. Bell." This is the testimony of one who is familiar with the devotion of this remark-

able man to this institution. I can add my own testimony to the same effect. In my many professional drives in the direction of the Blind Asylum I rarely fail to meet Dr. Bell making his daily visit to his pet institution. By his efforts the Bible was stereotyped, and a copy given to every worthy pupil of the school. Kentucky enjoys the honor of being the first state in the world to make a provision by law of this kind.

The history of the Blind Asylum has a bright page for this constant friend. The history of Kentucky medicine for the last forty years will also devote to him a large and varied space. Ever busy, working more hours every day and sleeping fewer than any one I ever knew, there is scarcely a department of medicine upon which he has not left his impress. As a public hygienist, as a medical philosopher and journalist, as a controversial writer, as a practitioner and teacher, he has long occupied and now occupies a conspicuous position. Seemingly untouched by time, he is to-day as fresh and strong in physical and mental power as he ever was.

Kentucky was one of the first states of the West, probably the very first, to comprehend the incalculable value of a careful registration of the marriages, births, and deaths of her citizens. The importance of such registration, fully appreciated by many of the states of Europe and by a few in this country, was ably set forth in Kentucky, and impressed upon the public and legislative attention, with great force and effect by the first regular president of this Society, Dr. W. L. Sutton, of Georgetown. In effecting the passage of a very perfect law, by the legislature of 1851-2, he was ably re-enforced by Dr. W. S. Chipley, of Lexington, and Dr. T. S. Bell, of Louisville. It will not be deemed immodest in me to say that a "Lecture on Sanitary Reform," delivered by me to the medical class of the University of Louisville at the opening of the session of 1851-2, and published by the

class, had some influence, by the logic of its statistics, in determining the passage of the act. Dr. Sutton was the first registrar, and most successfully carried the law into execution. Before, however, even a partial realization of the great results anticipated by him, Dr. Sutton was removed by death from this sphere of public usefulness, and was succeeded by Dr. S. M. Bemiss, now of New Orleans. Dr. Bemiss proved to be a worthy follower of Dr. Sutton. He carried the work forward with zeal and ability, and his reports attracted much attention both at home and in foreign countries. The war of 1861 put an end to this as to all other civil pursuits, and since its close the law has not been revived. It is a reproach to the intelligence of the state, and most deeply damaging to her interests, that it has not been restored.

Dr. Sutton was one of the ablest men of the profession in Kentucky. Plain, modest, practical, an excellent observer, a good writer and a sound practitioner, the state has produced few superior to him. In sanitary science he was the foremost man among us. His brochure on Typhoid Fever, and a few other papers on medical subjects, gave him high rank in medicine proper.

In October, 1846, ether was first used by inhalation as an anæsthetic. In the winter or spring of 1847 Dr. Joshua B. Flint administered it for the first time in Kentucky, and possibly in the West, in an amputation of a lower limb performed by him in the presence of a number of professional friends. I was present. The ether was then called "letheon," and administered by the aid of a complicated inhaler.

Chloroform was first brought forward by Sir James Y. Simpson, as a substitute for ether, in November, 1847. It was used for the first time in midwifery in the city of Louisville, and as far as is known in the state of Kentucky, by Prof. Henry Miller, on the 20th of February, 1848.

Prof. S. D. Gross was the first surgeon in Louisville to use chloroform as an anæsthetic in surgery. He operated



upon a servant under its influence in the family of Thos. P. Smith, removing a large tumor.

Professor Miller was a pioneer in several other important branches of his specialty. In an able and very candid paper, denominated "Retrospect of Uterine Pathology and Therapeutics in the United States, especially in regard to intra-uterine medication in chronic internal metritis," published by Dr. Miller, in 1871, it is certainly established that he was the first in the West to use the speculum uteri systematically in the treatment of diseases of the os and cervix uteri. This was as early as 1835, a period when the speculum was almost unknown practically to the profession in any part of the United States. The first speculum was brought to Louisville by Dr. Allan P. Elston, a distinguished young physician, who after a residence in Europe for several years returned to Louisville and resumed his professional labors. Failing health compelled him to retire after a short but honorable career. Dr. Miller was present when Dr. Elston examined one of his patients in the Work-house Hospital, and becoming enamored of the speculum forthwith devoted himself to this interesting branch of surgery. It is needless for me to tell this audience with what distinguished results. For a time the treatment by the aid of the speculum was limited to the os and cervix uteri. In 1843 Dr. Miller extended this local treatment still deeper, and made applications to the cavity of the organ. In the paper above mentioned he proves conclusively that he was in advance of every one else in the United States in intra-uterine medication. Kentucky justly claims priority in both forms of uterine therapeutics.

Dr. Miller is the author of the first systematic work upon midwifery ever published in the West, a work which ranks in original thought and practical value among the best ever published.

Kentucky has been ever prompt to obey the requirements of philanthropy. Under the wise counsels and benevolent



influence of Robert W. Scott, the legislature, in 1860, founded the Kentucky Institution for the Education of Feeble-minded Children and Idiots. This is the only institution of the kind south of the Ohio River. There are several in the North, which have undoubtedly achieved surprising results in elevating the mental status of these unfortunate beings. They who have not observed the amount of mental improvement which may be effected by systematic training, in subjects who seem to be hopelessly feeble, would scarcely credit the real results. Our own institution promises to be a benefaction worthy of generous encouragement.

The Louisville College of Pharmacy was established in August, 1870. It has organized a school of pharmacy, with efficient professors, to teach the theory and practice of pharmacy, materia medica, chemistry, and the collateral sciences. Such an institution has long been needed in Kentucky, and there now exists no reason why every apothecary should not be a graduate of this or some other equally worthy college, and his qualifications fully ascertained, before he is permitted to dispense medicine. The interests of the public, no less than of the profession, demand the enactment of such a law.

On the 28th of March, 1872, the legislature of Kentucky passed an act incorporating the "Central Kentucky Inebriate Asylum." This asylum is intended for the medical treatment, control, and restoration of the inebriate. It is invested with the power to receive and retain all inebriates who enter it, either voluntarily or by the order of the committee of any habitual drunkard. The committee of the person may keep him in the asylum at discretion. This act does not indicate by what power this committee is created. Some previous law must exist; and I presume that an act, approved March 18, 1872, to provide for the preservation of the estates and security of persons of unsound mind, who by habitual or excessive use of poisonous drugs have become incompetent to manage themselves or estates with prudence and discretion,

supplies the defect or provides for it. This act empowers the circuit or chancery court of the county to appoint a committee of one or more persons to take charge of any person who by the habitual or excessive use of opium or hasheesh, or any other drug, has become incompetent to manage himself or estate. The fact of such incompetency must be brought before the court by affidavit of two or more respectable persons, and an inquest must be held by a jury in open court to inquire into the fact. The committee of custody and control is invested with the power to confine such person in any private asylum or in one of the lunatic asylums of this commonwealth. It will be observed that this act specifies opium, hasheesh, or any poisonous drug, but does not mention by name *alcohol* and its preparations. A fair and scientific construction would include these; yet a doubt is left, and difficulty might spring up if any one chose to contest the point and insist upon a literal interpretation of the law. Habitual and inveterate drunkenness is certainly one of the forms of insanity. It is a condition in which the will is under the mastery of the passions. It is recognized by the best authorities as insanity, and has received the names of dipsomania and oinomania. The interests of the individual and of the entire community would be advantageously consulted if this view of drunkenness were carried into practical effect, and the drunkard made amenable to the law which is applied to the ordinary lunatic. Whether the asylum just incorporated be one merely for voluntary confinement or one to which a jury may send any proper subject, Kentucky has led the advance, as far as I am informed, in this direction, in the valley of the Mississippi.

It is a creditable fact, reflecting the estimate in which Kentucky medicine is held by the profession of the United States, that our state has directly furnished two presidents of the American Medical Association, in the persons of Drs. Henry Miller and David W. Yandell, and indirectly a third,

in the person of Dr. S. D. Gross, all members of this Society. No member of the profession in this country has received more honors at home and more foreign decorations than Dr. J. Lawrence Smith, another member of this Society.

The establishment of a new school in 1837, and of several others at later dates, led to important results in the history of Kentucky medicine. These schools have been the means of developing and bringing into more conspicuous position many of our own most gifted physicians, and have invited from other places some of the most eminent physicians of the United States. Among the former may be mentioned Bush, Peter, Ethelbert Dudley, Miller, Powell, Hardin, Richardson, Bullitt, the Yandells, Force, Breckinridge, Cummins, Bell, Bemiss, Bayless, Bodine. Among the latter, Bartlett, Silliman, J. B. Flint, Drake, Cobb, Colescott, Austin Flint, sr., Eve, Gross, Palmer, J. Lawrence Smith, Middleton Goldsmith. Some of the best contributions to American medicine and surgery were made by several of these gentlemen while they were connected with the schools of Kentucky, and these may be fairly considered as belonging to the medical literature of our state. If all of the works were not written here, much of the matter which gives them interest was obtained while their authors were connected with the schools and hospitals of Louisville. This is particularly true of the works of Gross, Drake, and Austin Flint.

Connected with the schools of medicine which have existed in Kentucky many reminiscences of men and things arise in my mind. Among the most pleasant of these is my recollection of Dr. Wm. H. Richardson, so long the professor of obstetrics in Transylvania. Few men ever had nobler traits of character. He was warm-hearted, brave, and a sincere friend. I knew him from my earliest boyhood, and have passed many happy and instructive hours at his magnificent home in Fayette County. His hospitality was profuse and elegant. I listened to his public teachings as a professor

with interest and care, because I knew that he taught the truth as far as he possessed it. He was not scholarly nor graceful and fluent as a lecturer; but he was ardent and impressive, sufficiently learned in his special branch, and had at his ready command a large stock of ripe personal experience. I honor his memory beyond that of most men whom I have known.

I have often recalled with wonder the supreme satisfaction with which I looked upon the whole science and art of medicine, after listening to one course of lectures by Dr. John Esten Cooke, for so many years the venerable incumbent of the Chair of Practice in Transylvania, and in the University of Louisville. Few teachers ever held such sway over the minds of intelligent professional men as Dr. Cooke over the entire medical mind of the valley of the Mississippi. Every one entertained profound respect for his great intellect and general learning, for his purity of character and honesty of purpose. His theory of medicine was peculiar to himself, and elaborated with great care. It seemed to be built upon an impregnable logic. It was dogmatically taught, and carried captive the minds of the hundreds of young men who listened to his positive enunciations. There were no graces of oratory about him, yet he had a subtle way of infusing the poison of his false doctrines which could not be resisted. These doctrines were of singular simplicity and universal adaptiveness. The practice growing out of them, so long dominant in the South and West, was equally simple and adaptable. Three familiar medicines constituted the trinity of his practical creed. Quinia and opium were not known in his *materia medica*. With the retirement of Dr. Cooke, in 1844, a new medical era commenced in the wide region over which his teachings so long prevailed; and now not a vestige of either his theory or practice remains, except in the pages of his book and in the minds of a few of the ancient members of the profession.

Who that ever saw Dr. Charles Caldwell can fail to have a living remembrance of him? Who that ever listened to him as a teacher can fail to recall with admiration the great intellect, the varied scholarship, the beauty and power of pen, the polished eloquence of the grand old man? He impressed every one by the stateliness of his personal appearance. He looked a very monarch, as, with scepter waving in his hand, he moved majestically along.

Dr. Caldwell was largely instrumental in carrying the Medical Department of Transylvania to its high point of prosperity. He was one of the great levers by which the School of Louisville was elevated to a still loftier position. By reason of certain attractive qualities, and peculiar powers foreign to pure medical teaching, he was eminently successful as an architect of medical schools. Despite these facts, the truth of history compels the averment that he was never a teacher of true *practical* medicine, nor of that kind of medical philosophy which forms the useful medical mind. In these regards he has not left an enduring record in the annals of Kentucky medicine.

While Dr. Caldwell was yet holding a conspicuous place as a medical teacher a revolution was going on in the whole science of medicine. Old medicine was expiring and new medicine taking its place. Before the pressure of professional opinion created by this revolution, Dr. Caldwell, like his old colleague, Dr. Cooke, retired from professorial life in 1849.

When the trustees of the Louisville Medical Institute were organizing the first faculty, in 1837, Dr. Caldwell, the chief artificer of the enterprise, was furnished with *carte blanche*, and sent on a mission to find a professor of surgery. A careful search eventuated in the selection of Dr. Joshua B. Flint, of Boston, Mass. Dr. Flint was a graduate of the Academic and Medical Department of Harvard. He was indorsed to Dr. Caldwell, by the best men of Boston, as a

mature and thorough general and medical scholar, as a conservative, skillful surgeon, and as an acceptable teacher. He was tendered the chair of surgery in the institute, accepted it, and sundering his many ties in Boston came to Louisville and united his fortunes with our school and our people. The impression which he made upon the profession in Louisville was favorable in the highest degree. He disclosed qualities which at once commanded confidence and respect. He was quiet and modest, avoiding rather than courting conspicuous notice. His fine scholarship, literary and professional, made itself evident to all appreciative observers. He was not ostentatious in this regard. His sound judgment as a practitioner of surgery, and his rare dexterity and coolness as an operator, were readily recognized. In the field of operative surgery he was distinguished, beyond all other men of his time, for his conservatism. Many limbs and parts were saved by him which would have been lost by less considerate surgeons. He did not desire the *eclat* which great surgical feats elicit.

As a teacher, Dr. Flint came forward at a time when medicine and medical teaching were in a transition stage; when mere theories were giving place to facts, and things were taught and not mere speculations. His style was quiet, eminently and purely didactic. He was not a declaimer, had no *ad captandum* arts, said nothing for effect merely or to elicit applause. His lectures derived their ornament from correct rhetoric and classical illustrations. They were never soiled by coarse anecdote or indelicate allusions. He was a dignified teacher of the facts and truths of a serious science. He did not seek popularity with his classes. He hoped to win their confidence and approval by giving them sound instruction. Possibly he made the distance too great between the master and the pupil. This had not been the usage in this wild western country. It was so in the place of his education, and in the foreign schools. He was known to favor the use of the professorial cap and gown.

As a candidate for business before the public, he stood, coldly, upon his demeanor as a gentleman and his real merits as a practitioner. He had no arts about him to win popularity. He rather repelled than attracted people. He was punctiliously careful in his intercourse with the patients of other physicians. In this relation he was, as Charles Lamb said of his father, "a man of losing honesty." Socially no man was more charming. Though dry and not much of a talker generally, on festive occasions his conversation was brilliant and his wit sparkling. At a dinner or evening party, among cultivated people, he was delightful.

I must mention one other quality in Dr. Flint. To his sick brethren he was constant in his attentions, aiding them by his wise counsel and cheering them by his hopeful words. Dr. Flint retired from the institute at the close of his third course of lectures, but was reinstated in the same chair after the lapse of a few years.

Dr. Daniel Drake, though claiming Cincinnati as his home, was really a Kentucky physician, having passed the most active years of his life in our state, and achieved his great fame as a teacher and writer while connected with our schools. It is unnecessary to detail his brilliant medical history. It is known to every one. I wish to mention the single honorable fact that he was the *first* physician of the West ever called to fill an important chair in an eastern medical school. In 1830 he was appointed professor of theory and practice of medicine in the Jefferson Medical College, of Philadelphia. Dr. S. D. Gross was appointed to the chair of surgery in the same school at a later day, and, as far as I now remember, was the second western man thus distinguished.

As the intimate personal friend and fellow-student of Dr. Jas. M. Bush, I had the opportunity to learn, at an early day, the genius as an artist, the quick perceptive faculties and the logical qualities of mind which form the basis of his high professional reputation. He was a student first in the office

of Dr. Alban Goldsmith, and then in that of Dr. B. W. Dudley. He won the high regard of both of these eminent men. As soon as he graduated in medicine he became prospector for Dr. Dudley, and then his associate in the practice of surgery. When Dr. Dudley retired from teaching, Dr. Bush was appointed to the vacant chair, and discharged its duties with eminent ability. When Dr. Dudley retired from the field of his brilliant achievements as a surgeon, Dr. Bush had the rare courage to take possession of it. No higher tribute can be paid to him than to say that he has since held possession without a successful rival.

In the sciences collateral to medicine Kentucky has played a distinguished part. In the interesting departments of botany, geology, and chemistry, Dr. Charles Wilkins Short and Dr. Robert Peter are known throughout the scientific world. As teachers, the modest, almost shrinking manner, the seemingly acerb dignity, and the Addisonian style of the one, and the lucid expositions and brilliant illustrations of the other, must be remembered by all who ever listened to them.

I can not close these hasty and imperfect reminiscences, so unworthy of their subjects, without the mention of one with whom I had the honor to be upon terms of personal and professional intimacy for more than thirty years. I refer to Dr. Llewellyn Powell. Dr. Powell held the chair of obstetrics, first in the Kentucky School of Medicine, for some years, and afterward in the University of Louisville. In both he was recognized as an able, eloquent, and instructive teacher. He gave unqualified satisfaction to colleagues and pupils.

There are two classes of medical teachers: the one professional, trained in the arts of elocution and happy illustration, studiously skilled in the many ways of putting things; not subordinating matter to manner wholly, but relying largely upon felicitous modes of presenting their subjects. The other class includes physicians of mature study and observation, who have accumulated a large stock of practical knowledge



from which to draw the matter of their teaching. Out of the fullness of their knowledge they are teachers. The graces of rhetoric and the tricks of elocution are not conspicuous elements of their style. Dr. Powell happily blended the best qualities of both of these classes. By nature he was wonderfully endowed with the gift of language. Words the most appropriate were uttered promptly and gracefully at the bidding of every thought. Though he was not trained to the special work of teaching, he seemed to possess the happy facility of the professional teacher. With such a manner he was prepared to impress upon his pupils with singular effect the practical knowledge derived from many years of clinical observation.

Dr. Robert J. Breckinridge was reared and educated in Louisville. Of a distinguished family and singularly pleasing address, graceful and easy as a speaker, as a writer forcible, pointed, and scholarly, he would but for his untimely death have plucked the highest honors in the profession.

Dr. Carey H. Fry, an original member of this Society, died, on the 5th of March, in the city of San Francisco. He was present and took an active part in our memorable meeting of 1852. He was with us again, in Louisville, in 1872, with undiminished interest in our proceedings. Truth warrants and personal affection impels me to say that he was the peer of the highest in all noble qualities of character. He was a refined gentleman, an accomplished physician, and a gallant soldier.

Whatever of renown the University of Louisville may have acquired, a portion of it is due to two distinguished members of another profession, the Hon. John Rowan and the Hon. James Guthrie. Judge Rowan was the first president of the board of trustees, and gave the influence of his national name to the foundation and early fortunes of the school. Mr. Guthrie became the president upon the death of Judge Rowan, and continued so until the close of his long and

useful life. No institution ever had a more devoted friend. His fealty to it never faltered. Amid the cares of state and a large professional business, he always found time to work for the interests of the University. Whatever seemed likely to promote these interests met with his warm approval; whatever opposed them was sure to meet his stern and inflexible hostility. His name is indissolubly linked with an interesting part of the history of Kentucky medicine.

The medical journalism of Kentucky has always been of a high order. Though commenced at a later date than that of her sister state of Ohio, Kentucky was in advance of all other states of the valley. The *Transylvania Journal of Medicine and the Associate Sciences* was the first journal published in Kentucky. It dates from 1828, and continued to be the leading journal until its close, in 1838. Its successive editors were Professors John Esten Cooke, Charles Wilkins Short, Lunsford P. Yandell, and Robert Peter. The next was the *Louisville Journal of Medicine*, in 1838, edited by Professors Henry Miller, L. P. Yandell, and Dr. T. S. Bell. This had a brief existence. Then came the *Western Journal of Medicine and Surgery*, edited at first by Profs. Drake and Yandell, and then by Professor Yandell and Dr. T. S. Bell. It lived from 1840 to 1855. The *Western and Southern Medical Recorder* was published by Dr. James Conquest Cross, in Lexington, in 1841-2. The *Kentucky Medical Recorder*, a continuation of the *Transylvania Journal*, was edited by Profs. Henry M. Bullitt and Robert J. Breckinridge, in 1851-2, in Louisville. Dr. L. J. Frazee edited a semi-monthly journal, called the *Louisville Medical Gazette*, in 1859. Drs. Bemiss and Benson published the *Louisville Medical News*, in 1859-60. The *Louisville Review*, edited by Gross and Richardson, in 1856, and the *Louisville Medical Journal*, by Dr. Colescott, in 1860, were short-lived. The *Sanitary Reporter* was published, semi-monthly, by the United States Sanitary Commission, in Louisville, in 1863-4.

A distinguished editor of the first journal of Kentucky still survives, in the full vigor of his intellectual powers, and is yet a large contributor of his mature learning and experience to the journalistic literature of the state. A brilliant and instructive teacher, first in Transylvania and then in the University of Louisville, no member of the profession in the West has written more gracefully and powerfully than Dr. Lunsford P. Yandell. No Kentucky author has written more or upon a greater variety of important topics. His scientific reviews, elaborate monographs upon various subjects of medicine, papers upon geology and other branches of natural history, his introductory and valedictory addresses, and contributions to general and popular literature exceed one hundred in number. Besides these, I can not omit to mention a most valuable unpublished report made to this Society, in 1853, upon the Medical Literature of Kentucky. It is a work of exhaustive research, and an accurate index to the papers of all the writers of Kentucky. It should be continued to the present time, and published by this Society.

The two journals which now represent this branch of medicine in Kentucky, the American Practitioner and the Richmond and Louisville Medical Journal, rank among the ablest of this country.

In a community which has founded and fostered so many great medical institutions, true science would necessarily always command respect and confidence. In no part of this country have the many forms of quackery met with so little encouragement. Every where, of course, will be found ignorance, credulity, and the other weak elements upon which medical fungi grow; but Kentucky may be justly proud of her remarkable exemption from them.

Time and your exhausted patience admonish me that I must bring this historical *olla podrida* to a close. I trust that what I have said may serve to add something to the good name of our beloved state, and stimulate us to contribute

yet more to the renown which our illustrious fathers have achieved for it.

I wish to say a few words as to the work of our present meeting. We have come, many of us, a long distance to do this work. Let us do it thoroughly and well. Let our sessions be devoted to scientific business, undisturbed, as far as possible, by matters which can not advance the interests of our beneficent calling, and may mar the usefulness and happiness of our annual reunion. I have a hope that this meeting may be signalized by the dignity of its conduct and the number and value of its contributions to medical science.

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## CLINICAL CONTRIBUTION TO DISEASES OF WOMEN.

BY THEOPHILUS PARVIN, M. D.

### CASE I. EXTRA-UTERINE FIBROUS POLYPUS.

Six years ago Mrs. G., forty-two years old, consulted me for leucorrhœa and menorrhagia, from which she had been suffering for nearly three years. She had taken various internal remedies and used astringent injections, but with no benefit. No examination with either finger or speculum had been made. Upon introducing the finger I found just without the os uteri a tumor about the size of a walnut, and having a short pedicle about the thickness of the little finger. It was very easy to encircle the pedicle with the wire rope of Braxton Hicks's ecraseur, and then a few turns of the screw severed the growth, which upon section seems composed of fibrous tissue. No hemorrhage followed, and the patient was at once cured of her leucorrhœa and of her menorrhagia with the removal of their cause.

### CASE II. MUCOUS POLYPUS.

Mrs. D., about twenty-seven years of age, had an abortion two years ago, since which time her menstruation has been scanty and she has had leucorrhœa. She would not now consult a physician—

the disorders are such slight inconvenience—were she not desirous of having children. By digital examination the mouth of the uterus is found somewhat greater in diameter than it should be, and is partially occupied by a soft, pulpy body, which retreats before the finger into the cervical canal. Resorting to the speculum, there is brought in view a bright-red body, nearly the size of a cherry, half peeping out from the lips of the womb. It springs from the anterior wall of the cervical canal, a short distance from the os.

By Sir William Wilde's polypus snare the growth was quickly removed; then nitrate of silver in substance was applied to the surface from which it grew. The leucorrhœa was cured, but there was no material change in menstruation.

#### CASE III. INTRA-UTERINE FIBROUS POLYPUS.

Mrs. S., forty years of age, a widow for several years, suffers from metrorrhagia. She has become emaciated and pale; has to be in bed three fourths of the time. The cause of her suffering has been correctly diagnosed as an intra-uterine tumor, and unsuccessful efforts have been made to remove it—efforts which were too early desisted from in consequence of the severe hemorrhage they caused. The tumor is about three inches in length and rather less in diameter, seems quite solid, and is attached to the fundus. After dilating the os with sponge-tents, and then with one of Barnes's dilators, smallest size, I endeavored to get a wire-rope around the pedicle, but after some time thus vainly spent relinquished the attempt. Then with Museux's forceps I seized the lowest portion of the tumor, dragging it down as far as possible, and cut off with scissors all that could be thus reached. Again seizing the remaining portion of the growth, another portion was similarly removed. There remained less than a third still attached by the pedicle. Again seizing it with the forceps, I twisted the mass so as to tear the pedicle, and the operation was completed. No hemorrhage ensued, and the patient's recovery was complete.

#### CASE IV. PLACENTAL (?) POLYPUS.

Mrs. M., thirty-eight years of age, more than a year before consulting me, had an abortion at ten weeks, and since then has suffered from menorrhagia and leucorrhœa, both of which being very profuse. Her menstrual flow is usually regular in time of

occurrence, but prolonged and profuse. While unwell she does not have any thing analogous to labor-pains, unless when clots are discharged. The uterine cavity measures four inches, but with the sound I fail to detect any foreign body. The uterus seems much larger and softer than it should be. Indeed I regarded it for some months as an example of that condition so well described first by Duparcque, and termed by him *engorgement mou*; and thus regarding it endeavored, by the internal administration of strychnia or of ergot during the intermenstrual periods, and quinine in large doses during menstruation, and by various intra-uterine applications—chiefly, however, Churchill's tincture of iodine—to cure the patient. But all these means proved merely palliative. One day visiting her while menstruating—called in consequence of the flow being more painful and even more profuse than usual—upon a digital examination I discovered, to my great surprise and joy, an intra-uterine growth, attached to the fundus, larger than a pullet's egg, more dense than a mucous polypus and yet not so hard as a fibrous, and withal not of uniform consistence. Three days after the flow ceased the growth was readily grasped by means of a fenestrated polypus forceps, and the pedicle twisted off.

#### CASE V. VERY LARGE EXTRA-UTERINE FIBROUS POLYPUS.

Three years ago, at Louisville, Ky., Mrs. —, the wife of a physician in one of the southern states, came under the professional care of Dr. Preston B. Scott and myself. She had been suffering for some time with metrorrhagia and leucorrhœa, and was pale and exhausted. The cause of her suffering was a tumor so completely filling the vagina that it was impossible to reach the uterus by the finger. What was the character of this tumor?\* It was believed by the lady's husband—very intelligent, and with considerable professional experience—to be a fibrous polypus of the uterus. In this opinion both Dr. Scott and myself coincided; but one gentleman suggested that it was an inverted uterus. The recorded instances where the one has been mistaken for the other are sufficiently numerous to demand the most painstaking investigation where there is the least possibility of mistake. Let us consider for a moment the *differential diagnosis* as applied to this case.

\*Several medical gentlemen saw the case with Dr. Scott and myself; and to their advice and courtesies, and to their assistance in the final removal of the growth, we both cheerfully acknowledge our indebtedness.

Inversion of the uterus usually occurs at or soon after parturition, but this lady's symptoms dated some months subsequent to her last confinement. Inversion is usually sudden in its invasion, and the first symptoms are more severe than those that occur later. In this case the history was the reverse of this. At menstruation an inverted uterus will exhibit the flow oozing from the exposed surface. Nothing of this kind was observed in the case in hand. The *sensation* communicated to the finger in examining an inverted uterus is very different from that observed in examining this. In the former it is that of pressing a body of uniform consistence, while moderate pressure of the tumor revealed an external portion much less dense and resistant than that felt by firm pressure. The *shape* of an inverted uterus\* is conical, the base of the cone being below; but this tumor was a spheroid. The *size* of the tumor was greater than was consistent with inversion. The *sensibility* of an inverted uterus is not lost; a fibroid has none to lose. But a conclusive test was that we succeeded after many trials in passing a sound into the uterus. The detection of the uterine fundus in the hypogastric region destroyed all possibility of error.

After the patient's health had been improved by the administration of tonics, the tumor was removed; its removal presenting three difficulties: first, the encircling the pedicle with the wire-rope of the ecraseur; second, the breaking of the rope before the pedicle was completely divided, thus requiring a new rope to be applied; and third, the extraction of the tumor after the division of its attachment was almost equal in difficulty to the delivery of the fetal head with no *vis a tergo* to assist. The hemorrhage was considerable, but at no time dangerous. A few days later the swollen and ragged capsule of the tumor was readily removed by simply tearing it away.

This lady's recovery was complete, and she has since given birth to a healthy child. Her patience and heroism during the protracted and painful operation for the removal of the tumor were remarkable.

*Remarks.* Polypus was first used by Moschion to designate certain uterine growths. Literally it means having *many feet*; but in its common acceptation it is a growth having one foot, or pedicle, by which it is attached to the surface from which

\*Of course in all these remarks reference is had to *chronic* inversion of the uterus.

it sprung and through which it is nourished, a true parasite. This pedicle, which is really only a constricted portion of the growth itself, probably contains all the anatomical elements of the tumor. A physiological definition would lead us to see in a uterine polypus a localized hypertrophy of one or more of the structural elements of the uterus. From this definition we readily derive the classification of these growths into *mucous* and *fibrous*, the more common varieties; *vesicular*, which is rare; and *vascular*, still rarer; and finally *mixed*, which are usually a combination of the first two. Placental polypi—which would not be included in the physiological definition—are disputed by most authorities; but really a *fleshy mole*, as it is termed, meets the common definition of a polypus both as to *form* and *connection*, presents many common symptoms, and is amenable to the same treatment.

The chief *symptoms* of uterine polypi are usually regarded as menorrhagia first, then metrorrhagia,\* leucorrhœa, or watery discharges, and pain; yet these, as every one knows, are not pathognomonic, while one or more may be entirely absent. Dr. Gooch says:† “I have seen a polypus about the size of a filbert growing by a narrow stalk in the uterus of a woman who had died of some other disease, and who during life had experienced no symptoms of it.”

On the other hand, the amount of hemorrhage is an unfaithful guide in determining the size of the growth. It may be slight even when this is large; and, on the other hand, very great when the tumor occasioning it is small. Boivin‡ and Duges narrate a case where the hemorrhage was fatal, though the tumor was but the size of the first phalanx of the thumb; and Dr. Churchill remarks:§ “There is as

\* “Rapidly recurring hemorrhages so commonly attend the presence of uterine polypus that they may be regarded as one of the most distinctive symptoms.” (Wright on Uterine Disorders. London, 1867.)

† Diseases of Women and Children. Sydenham Society's edition, 1859.

‡ *Traité Pratique des Maladies de l'Uterus*. Paris, 1833. Vol. I., page 367.

§ Diseases of Women. Dublin, 1864.



much hemorrhage in many cases where the polypus is not larger than a filbert as where it is the size of a pear. Indeed it would appear that there is sometimes less hemorrhage with large polypi than with smaller ones."

It will be observed that in one of the cases which I have narrated, so far from there being any hemorrhage, there was an actual diminution in the menstrual flow.

"Pain in the back and loins" is given by Dr. Thomas, in his admirable treatise on diseases of women, as one of the characteristic symptoms; but this is so common in various other forms of uterine disease that no very great value can be attached to it. A more characteristic symptom observed in some cases of intra-uterine polypus is the occurrence of *pains*—pains analogous to labor-pains—this occurrence happening, if at all, oftener at a period than in an interval.

Even the pain, like the hemorrhage, is an uncertain criterion by which to judge the size of the growth. Courty\* says that "polypi often become enormous without causing serious accidents, while I have seen one the size of a pea produce uterine pain and hysteric phenomena resisting the most judicious treatment, but entirely cured by the removal of the growth." So far as watery and leucorrheal discharges occur in uterine polypi, the latter are much more frequent than the former—at least so far as my own observation is concerned. But suppose we have all the symptoms previously mentioned present in a given case, how are we to arrive at a *certain* diagnosis? Of course, if the tumor has escaped from the uterus, or even partially escaped, it is a comparatively easy matter in the vast majority of cases to know with absolute certainty, from information given by the finger, the presence of a polypus. Where the tumor is very large, filling up the pelvic cavity so that the uterus is inaccessible, the means of diagnosis have been sufficiently considered in the narration of Case V.

But let the tumor be entirely intra-uterine, what then?

\* *Traité Pratique des Maladies de l'Uterus*. Second edition. Paris, 1872.

Possibly an adept with the uterine sound may thus detect even a small growth. Certainly even one who is not peculiarly adroit will ascertain by this means that the uterine cavity has been increased. After all, the direct touch with the finger, the *immediate* exploration, is ever so much more satisfactory than the indirect method through the medium of the sound or probe. In many of these cases, more especially if the patient has had one or more children, the index-finger can be introduced into the uterus during hemorrhage or the menstrual flow, when the attempt would be vain in the absence of one or the other. This truth is familiar to most, nevertheless it is a golden one that will never wear out in frequent circulation. But failing in this we have still precious means in sea-tangle or sponge-tents, which will readily make room enough for the entrance of the finger.

In the fourth case narrated doubtless a correct diagnosis could have been made many months sooner if means had been taken to dilate the cervical canal, and thus the patient been saved much suffering. Yet having more than once had an alarming peritonitis result from the use of *tents*, I confess to something of a healthy horror at hastily resorting to these means. It is remarkable how little a matter has sometimes kindled a fire in which the life of a patient has been consumed! Dr. Leteinturier, in an interesting monograph,\* narrates cases where what seemed but trivial operations upon the neck of the womb were quickly followed by fatal peritonitis. In one instance even death thus ensued from so slight a cause as a thorough digital examination. The explanation which he offers is, through *reflex action* the irritation of the uterine neck determines contraction of the broad ligaments, with consequent blood-stasis, engorging the internal genital organs, and ovary or broad ligament become the starting-point of an inflammation involving the peritoneum.

Considering the suddenness with which the symptoms

\**Du Danger des Operations Pratiquées sur le Col de l'Uterus.* Paris, 1872.

of inflammation of the peritoneum may show themselves in some of these cases, this explanation seems more rational than that which would attribute it to an extension of congestion from the neck to the broad ligaments, oviducts, and ovaries, since this latter would require more time—would be gradual in its progress. But, returning from this digression, I was wrong in not using tents in the case referred to, and for the reason indicated. A physician's mistakes will frequently teach him his most valuable lessons.

Once a digital exploration of the interior of the uterus is effected, the detection of the polypus should be followed by an examination of its size, character, point of attachment, and thickness of pedicle.

Two other topics claim consideration. Conceding at once that a uterine polypus should be removed, *when* and *how* is this operation best done?

In answer to the first question, it may be said that as to the smaller growths, especially if quite without the uterus, it is comparatively indifferent at what time in the interval of menstruation they are operated upon. But, furthermore, if the growth be intra-uterine, and accessible without cervical dilatation by tents, a day or two after the menstrual flow the os will be more open and the uterus more relaxed, and thus the operation will be facilitated. However, in any cases where tents are necessary, or where other violent means must be resorted to, it is best to wait for that period of most complete repose to the sexual organs; that is, about the middle of the menstrual interval.

Velpéau justly speaks of "the treatment of polypus as one of the noblest triumphs of surgery;" and Gooch has said "the cure of polypus of the uterus affords one of the most striking instances of the triumph of our art." Yet the favorite method of neither of these eminent minds would find general favor at the present day. Gooch, for example, never used any thing but a ligature, condemning the method pursued at that

time in Paris—the knife—as neither so safe nor so successful; while our own great countryman, Dr. Sims, has declared \* “the removal of a polypus by ligation is really a dangerous operation, resulting not unfrequently in pyæmia and death,” warmly eulogizing the *ecraseur*. Dupuytren, operating upon two hundred cases by excisions, had severe hemorrhage but twice.

The general principle in the removal of uterine polypi is to attack the neck rather than the body, the pedicle rather than the tumor. Hence the use of caustics, once held in some esteem, is to be rejected; of course not including in this rejection the application of certain caustics to the surface from which the polypus grew, which in some of the varieties of the disease may be useful in preventing a reproduction or hemorrhage; nor will the rejection include the use of the galvano-caustic noose for dividing the pedicle.

Laying aside then ligatures† and caustics, the methods of removal may be briefly summed up as *torsion*, *tearing*, *crushing*,‡ and *excision*; which may be by knife, scissors, a single wire, or by the galvano-caustic. *Bruising* or *crushing* the polypus by means of suitable forceps, so that the vitality of the growth is destroyed, might be mentioned; but the same objections hold to it as to deligation, neither of which would be an operation of choice, but of necessity. *Tearing* may be resorted to when the polypus is small, especially when its attachment is to the neck of the womb. It is the familiar process of removing nasal polypi. *Torsion* may be used for larger polypi; even those the size of a hen's egg can be thus

\* Uterine Surgery.

† McClintock (Clinical Memoirs on Diseases of Women, Dublin, 1863) states that in ten cases operated on by *deligation* there were three deaths; and these were the only deaths in a total of thirty-four cases of uterine polypus which he has reported. A method in which the ligature is sometimes used with advantage is, when severe hemorrhage is apprehended, to cut off, a few hours after its application to a large tumor, the part below the ligature.

‡ The reference is to crushing the pedicle, and thus dividing it.

removed, often too when intra-uterine. It is usual to add the caution that this method, as well as the one immediately preceding, is inapplicable when the pedicle is short and thick, thus extending into the uterine tissue. We may *crush* the pedicle by an *ecraseur*. This instrument, originally invented by Chassaignac, has been modified by Braxton Hicks—the substitution of a wire-rope for the chain—and by Dr. Sims\* fitting it for intra-uterine use.

The *linear ecraseur* of Dr. Nott, which will be found described in the American Journal of the Medical Sciences, April, 1872, is an excellent instrument when the tumor is quite outside of the uterus, and there is sufficient room for seizing the pedicle in its crushing grasp.

When the tumor is quite within the uterus, and so large that removal with an *ecraseur* seems the only safe operation, we will probably choose between the instrument of Dr. Hicks and that of Dr. Sims. In some instances the inaccessibility of the pedicle or the very great size of the tumor may compel us to attack the growth in detail, and remove it by piece-meal. May not serious hemorrhage be apprehended? I think not. After getting fairly and *freely* through the capsule of one of these growths, even when very large, the flow of blood is comparatively little.

In the last volume of The Transactions of the Edinburgh Obstetrical Society, Edinburgh, 1872, Dr. J. Matthews Duncan narrates a case of uterine fibrous polypus, the tumor weighing two pounds six and a half ounces, in which he was compelled to reduce its size in order to effect its removal. He remarks:

\* Dr. Atthill (Clinical Lectures on Diseases of Women), while commending the great ingenuity of Dr. Sims's instrument, says that it is very complex, and that "in practice it has proved a failure;" the latter part of which opinion he would hardly have uttered had he seen the instrument used by Dr. Sims or by Dr. Emmet. Dr. Atthill, *op. cit.*, recommends as a substitute for the wire-rope of Dr. Hicks—which, it must be acknowledged, sometimes breaks just when it ought not to—"a strong steel wire, such as is used for piano-strings." I have been utterly disappointed in finding any such wire flexible enough for the proposed use.

"The whole difficulty of this operation lay in the great bulk of the tumor, or, what amounts to the same, in the smallness and indilatability of the orifice through which it had to be brought. We tried to pull it over the perinæum, but failed. Had we succeeded it would have been effected only with great laceration of the parts. To reduce the bulk of the tumor then was essential. Several plans for doing this have been proposed. Dr. Simon, of Rostock, has practiced a method which he calls 'operative elongation,' and which consists essentially in making, by scissors, deep incisions, cutting through the capsule transversely at various parts. When this is done the tumor elongates under traction, and its removal can be managed. But the plan proposed by Dr. Alfred Hegar, of Darmstadt, seems to me to be more simple and efficient. It consists in cutting the tumor spirally, so as to make it somewhat resemble the child's toy which consists of a piece of ivory cut spirally, so that it can be drawn out to a great length."

The operator, after the removal of a large fibrous polypus, whether it be intra-vaginal or intra-uterine, may find an irregular, ragged mass presenting in the vagina, and attached within the uterus, which for the moment he may think an entirely different growth, since he finds the removed tumor perfectly smooth and complete, and the point of insertion of the pedicle plainly marked. This mistake I once made. Such irregular and ragged mass thus met with is the torn and swollen capsule of the polypus.

A word or two as to the immediate division of the pedicle. When the polypus is small, and at or near the os uteri, one of the neatest and quickest means is to use Sir Wm. Wilde's polypus snare. It takes but a minute to do the operation, and cutting with a wire may be less terrifying to a timid patient than with knife or scissors. The galvano-caustic noose will answer well enough with a pedicle readily encircled outside of the uterus, but it can not come into very common

use. Very few physicians in general practice will be provided with the necessary apparatus, and at any rate they will prefer more convenient methods of operating.

Direct "*excision*" with knife or scissors is, as Courty observes, "at once the best and most generally applicable method." Besides these instruments, to which various shapes have been given to better adapt them for dividing the pedicle, special instruments termed *polyptomes* have been devised; but really a whole museum of ingenious instruments is no substitute for thorough insight into the conditions and needs of a particular case, and skillful manipulation.

A curious fact—not indeed of frequent occurrence, but sometimes quite embarrassing both as to diagnosis and as to treatment—is what has been termed the *pseudo-pediculization* of the polypus; that is, in consequence of ulceration and inflammation the tumor has become adherent to some portion of the vagina or of the uterus, thus having a *false* as well as a true pedicle.

One of the accidents that may occur in the removal of the polypus is inversion of the uterus. Velpeau and Chassaignac mention such a case, but reduction occurred spontaneously; and Mr. Crosse, in four hundred cases of uterine inversion, found "forty in connection with the presence of a polypus in the interior of the womb; the accident sometimes taking place spontaneously, in other instances resulting from traction at the outgrowth in some attempt to accomplish its removal."

Finally the physician should remember—not for guidance in practice, but to avoid expressing an error in opinion—that the *spontaneous* cure of polypi must sometimes be recognized. Boivin and Duges give examples where the tumor was destroyed by gangrene or detached by rupture of the pedicle. Such gangrene, according to Klob, "is probably owing to stagnation of their circulation, in consequence of considerable traction or twisting of the pedicle."

TWO NÆVI CURED BY MONSEL'S SOLUTION  
APPLIED EXTERNALLY.

BY JACOB GEIGER, M. D.

A male child, aged nine months, had at birth a "mother's mark" on his perinæum and over the pit of his stomach. They were at first flat but slightly-elevated spots, and quite small. When the patient was about six months old, however, the tumors took on a very rapid growth; that on the perinæum occupying not only the entire perinæum, but a portion of the scrotum also, while that on the abdomen was an inch in diameter. The perineal nævus was kept so constantly irritated by the child's diaper, his urine, and his fæces, and having on more than one occasion bled considerably, I advised an operation for its cure. The mother positively refused her consent to any other procedure than one which consisted in some external application. I determined therefore to try the methodical use of Monsel's solution to both the growths. Making a mixture of equal parts of the liq. ferri persulph. and glycerine, I painted not only the nævi themselves thoroughly with this, but I applied it also for some lines beyond to the healthy skin, and directed it to be repeated twice daily. In a week both tumors had diminished appreciably in size; and in less than one month from the date of the first application of the iron they had disappeared altogether.

ST. JOSEPH, MO.



## Reviews.

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**Fistula, Hemorrhoids, Painful Ulcer, Stricture, Prolapsus, and other Diseases of the Rectum:** their Diagnosis and Treatment. By WILLIAM ALLINGHAM, Fellow of the Royal College of Surgeons, England; Surgeon to St. Mark's Hospital for Fistula, etc. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. 1873.

Mr. Allingham, though not a hospital colleague of Dr. Ringer, seems to have had the latter's Hand-book in his eye when he composed the volume before us. It is written in the same direct, straightforward way, and is evidently the work of a practical surgeon, who, though aware, as he says, that his "composition is rough and often tautological," does not consider that his "inability to write elegant English should absolve him from his duty." Nor do we; but at the same time it is so easy a matter to have one's writings appear at least in a correct form that we can not hold the medical author guiltless who transgresses even the very commonest rules of grammar. "Eothen" said that when he saw a woman who had neglected her prime duty, which was to look pretty, he generally found that she had neglected most other duties besides. We would not have the same rule made to apply strictly to style in an author; but we do think we have a right to ask that every new candidate in authorship shall submit his labors to some competent drill-master, who, if he can not impart a style to the work, may at least save its readers from the grosser errors, incident in the present instance, we believe, to a carelessness for which we can find no palliation.

The first edition of Mr. Allingham's book contained not only the sins to which we have referred, but it was disfigured by some personal matters which were altogether gratuitous and in very poor taste. We are glad to find that they have in the main been omitted from the handsome American reprint.

Our readers had some months ago an opportunity, in the copious extracts made for the Clinic, of judging of the matter of Mr. Allingham's work. They can now obtain the book itself, which, in spite of the blemishes we have touched upon, is one of the most valuable contributions which have yet been made to anal surgery.

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**A Hand-Book of Therapeutics.** By SIDNEY RINGER, M.D.,  
Professor of Therapeutics in University College, Physician to  
University Hospital, London. Third edition. New York: Wm.  
Wood & Co. 1872.

We had been so struck by the direct and practical way in which Dr. Ringer discussed therapeutics in his contributions to the periodical literature of England, that when he appeared as the author of a work on that subject we at once sent for a copy and gave it very full notice in this journal in 1871. Through the enterprise of the American publishers the third and last edition of Dr. Ringer's Hand-book has been brought within easy reach of the profession in this country, and we have no doubt that it will be very extensively read. It certainly deserves to be. It is in many respects a most noticeable work. It contains more matter in the same space than any work with which we are acquainted. In spite of an utter absence of style—nay, of a positive awkwardness of expression, which we can but regard as altogether inexcusable in a medical author—Dr. Ringer has produced a book which is of the highest value both to the student and practitioner.

## Clinic of the Month.

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ARSENIC IN SKIN DISEASES.—Dr. McCall Anderson, who has done so much for the therapeutics of cutaneous diseases, thus records in his late work his opinion of arsenic:

"1. Arsenic judiciously administered is as safe a medicine as any in the pharmacopœia, and may often be used for months without injury to the general health. 2. It often requires to be continued for many weeks, and sometimes the disease seems to resist its action for a considerable time, when all of a sudden improvement occurs, followed by a rapid cure. 3. It requires to be given in proportionately larger doses to children than to adults. 4. Infants may be subjected to its influence by administering it to their nurses. 5. The dose should be at first small, and not increased, as a rule, for some time. Then it may be gradually increased till the medicine disagrees, or till the disease begins to yield, when it may as gradually be diminished. 6. It should not be omitted altogether without very good reason, but may be tried in smaller doses or in another form, or omitted for a few days, until the bad effects have passed off. 7. Puffiness of the face or irritation of the eyes, or such like physiological effects, if slight in degree, should not lead us to discontinue the medicine. Indeed it is sometimes only then that its beneficial action on the disease is observed. 8. It is decidedly contra-indicated in acute cases; and when its use is followed by marked increase of the irritation of the skin (itching, heat, etc.) the disease is probably not in a state to be benefited by it. 9. It is generally more rapidly effectual if the disease, though in a chronic state, is recent; and the first attacks yield more readily to it

than subsequent ones, as a rule. 10. It is contra-indicated in most cases which are complicated with digestive derangement. 11. It is apt to produce bronchial catarrh, so that patients should be warned to avoid exposure to cold while taking it; and for this reason it is generally contra-indicated in persons laboring under bronchitis. 12. In exceptional cases it may be given with benefit in large doses. 13. It sometimes requires to be given during meals, or immediately after food is taken; for when administered on an empty stomach it occasionally deranges the digestive organs, and it is often better tolerated if given along with a bitter infusion. 14. It should not, as a rule, be entirely discontinued until some weeks have elapsed since the complete disappearance of the eruption. 15. There are few chronic diseases of the skin of constitutional origin—provided they are not syphilitic—which may not be benefited by it (although often other treatment is to be preferred to it); but it is especially valuable in psoriasis, pemphigus, lichen ruber, pityriasis rubra, and in many cases of eczema, unless contra-indicated as above."

ACUPRESSURE, ACUTORSION, AND TORSION.—Prof. Billroth has applied (*Schmidt's Jahrbücher*) these methods in the occlusion of about two hundred arteries, and in fifteen instances to the femoral, in some of which the thigh was amputated high up. There was no opportunity of applying any of the methods in amputation at the hip-joint, and Professor Billroth does not think that any one is suitable in amputation at the shoulder. Acutorsion was more frequently practiced than acupressure. In one instance only was the removal of the needle followed by hemorrhage, the cause of which was faulty introduction of the needle; the artery, which was the brachial, was compressed by the proceeding of acupressure alone. Practically, acutorsion is the preferable proceeding. It is safe, and in amputation easily applicable, but can not be substituted for the ligature in every case. With regard

to the material of the needle, Prof. Billroth has concluded in favor of gold, which for short needles of moderate strength is to be preferred to any other material. Simple torsion has been tried by Prof. Billroth in excisions of the breast, but seldom with any good results. The cause of these failures is the absence in excision of the mamma of conditions favorable to this method. In torsion the end of the vessel should be well isolated, and the stump of the artery be seized by firmly-compressing forceps, and finally, the end of the artery must be at some distance from the origin of the nearest branch. Prof. Billroth has frequently practiced torsion with very good results in amputations at the leg, foot, arm, and forearm, and applied it to the majority of the arteries in amputation of the thigh. In one case only did he find subsequent hemorrhage; this was from the posterior tibial artery. Much traction and twisting of the artery produce a long thrombus, but are attended with this disadvantage, that most of the twisted portion of the vessel becomes necrosed. Extended thrombus formation and the danger of necrosis forbid the practice of torsion in venous hemorrhage, which may be readily controlled by ligature or acupressure. In amputations below the knee and elbow, torsion is a very reasonable proceeding so long as no branch springs immediately above the divided end of the artery.

TORSION AS A MEANS OF ARRESTING HEMORRHAGE.—Dr. W. Colles (Irish Hospital Gazette) says: "I would throw out a suggestion that even in the continuity of the artery we might adopt a modification of this treatment. Thus, after laying bare the artery, we might catch it transversely in a narrow forceps, and press it so as to divide the inner layers, and then push them away from the outer coat upward and downward, leaving the outer coat *in situ*, and to contract. I throw out the suggestion, hoping it may be the means of inducing others to pursue the investigation of this subject.

As the result of my observations, I have no hesitation in proposing the torsion of arteries as the safest and simplest means of arresting bleeding in wounds, merely recommending that the artery should be as free and isolated from surrounding tissues as possible, and that the surgeon should hold the parts at the point of the forceps so as to cause the twisting to commence at the forceps, and from this gradually extend upward along the vessel. For the last six or seven years, in Stevens's Hospital, my colleagues and I have seldom resorted to any other means of arresting hemorrhage, even from the largest vessels, and we have never had any reason to regret the adoption of the practice."

MANUAL RECTAL PALPATION OF THE PELVIS AND ABDOMINAL ORGANS.—Dr. Gustav Simon (*Göschens's Deutscher Klinik*, as also in *Arch. für Klin. Chir.*) describes his method of exploring the pelvis. The patient is placed on the back, either in the lithotomy or ordinary obstetric position, chloroform to complete insensibility is given, and then first two and subsequently three and four fingers are passed gradually in by a rotatory movement. Bimanual manipulation is enjoined, the other hand being pressed over the abdomen. Tearing of the sphincter seldom occurs if care be taken, and the operator's hand be not too large. Some temporary but no permanent inconvenience may follow. The examination is useful for all cases of disease of the pelvic organs, especially the uterus, ovaries, and broad ligaments, and of the bladder (in men) as also for tumors in the lower half of the abdomen. In midwifery it is likely to prove very useful. The first cases examined were vaginal fistula, cancer, ovarian tumor, and fibromyoma of the uterus. No incontinence whatever ensued, the explorations being repeated three to five times.

CONSTIPATION IN CHILDREN.—Dr. Alois Monti (*Wien. Med. Presse*) contributes an exhaustive paper on this subject. He

thinks it due to the defective development of the muscular tissue of the intestines, and to the peculiar form of nourishment at this period. He sums up the various causes: 1. Mechanical impediment, as in congenital deformity, imperforate anus, invagination, hernia, etc.; 2. Defective nourishment, as from congenital defects of the lip and throat, too little secretion of milk, etc.; 3. Faulty nourishment, as from excess of caseine or defect of fatty matters in the milk, bringing up by hand, starchy food, etc.; 4. Deficiency or diminution of the peristaltic movements of the intestines, atrophy, etc.; 5. Diminution of the intestinal secretion, as in long-continued diseases in consequence of anæmia. Constipation is further a symptom of diseases of the brain and spinal cord; also a consequence of deficiency of drinks, of the use of astringents, presence of ascarides, fruit-stones, etc.; and in other children it arises in consequence of deficient bodily exercise. The cause suggests the remedy—cod-liver oil and enemata of cold water, mineral waters, manna, etc.

TREATMENT OF PRURIGO AND PRURITUS BY CARBOLIC ACID. Dr. Rothmund (*Ärztl. Intelligenzblatt*) states that the internal administration of carbolic acid in pruritus excels every other method. He has tried also the hypodermic injection of it with marked success, there being no local irritation produced, as one would expect, beforehand. Solutions of pure carbolic acid seem to be more efficacious than those of carbonate of soda.

SURGICAL TREATMENT OF OZENA.—M. Rouge has endeavored to prove (*Lyon Médical*) that this always depends upon lesion of the bones of the nasal cavity. Hence the insufficiency of ordinary therapeutic means, and the spontaneous cures accompanied by expulsion of sequestra. His operation avoids deformity. He incises the mucous membrane in the gingivo-labial furrow from the left to the right molar, dividing

the frænum near its root; cuts down upon the anterior nasal spine; detaches by the bistoury the cartilaginous septum, and (if necessary) divides with the scissors the nasal cartilages at their maxillary attachment, and divides their septum. The nostril can then be turned upward. He then seeks for the necrosed or carious portions of bone, removes them, and applies nitrate of silver to the mucous membrane. The parts are thoroughly cleansed and replaced. Reunion by first intention has always followed. Recovery has been immediate, and the results quite successful in the seven cases on which he has operated.

GLEET TREATED WITH MEDICATED BOUGIES.—G. Lorey gives the results of eighty cases of gonorrhea and gleet treated by this means. The cases of gleet, twenty in number, were all cured in a short time. The longest course included twenty-two bougies, one a day, and the shortest three bougies, the average being nine. The author observes that these cases, being treated in a hospital, doubtless derived benefit from the regular life there. It is not uncommon for a gleet to be greatly exacerbated by a long walk, slight excess in drinking, or a single act of coition. The bougies used were seven and a quarter inches long—*i. e.*, about the length of the urethra—and from one eighth to one sixth of an inch in diameter. The center was of gelatine, the outside of gum arabic mixed with the medicine, three fourths of a grain each of sulphate of zinc and belladonna. After being dipped in cold water, they are easily inserted. In the sixty cases of gonorrhea no such striking results followed. The bougies served as well as the ordinary injections to cut short the disease—no better. But for two of the incidents of gonorrhea, pain in making water and nocturnal erections, bougies medicated with opium (three fourths grain), or opium and belladonna (each three fourths grain), acted admirably. Put in at night, they insure comfortable rest and easy micturition in the morning. It has



been urged that, like permanent bougies, they might produce orchitis; but they are dissolved in the course of an hour and a half, and no orchitis occurred in any of the eighty cases observed by M. Lorey. (New York Medical Journal.)

THE VALUE OF THE ENDOSCOPE.—Prof. F. N. Otis, M. D., of the College of Physicians and Surgeons, New York, has recently contributed to the New York Medical Journal an unusually valuable paper on the treatment of urethral stricture with the dilating urethrotome, in which he takes occasion to deal the endoscope the following heavy and, as we believe, deserved blow:

"In claiming the general dependence of chronic urethral discharges upon disturbance of the urethral caliber, I am not unaware of the importance attached by many specialists to the presence of local points of granulation, or papillary hypertrophy, along the course of that canal. Accepting the views of Desormeaux, Cruise, and others, I have, in days past, been a firm believer in the value of the endoscope for defining those points with the certainty of ocular inspection, and in the efficiency of local treatment by strong solutions of the nitrate of silver applied to the granulated surfaces through the endoscope; but I have of late so frequently observed the same appearances, and by means of the large bulbous sounds have been able to detect bands of stricture underlying them; and further, have seen the granular condition of the mucous membrane promptly disappear upon the complete division of the stricture, without any other treatment, that I have come to look upon the endoscope as a mischievous invention as used for the relief of chronic urethral discharges. The improvement and often apparent cure which I have seen resulting from local applications through the endoscope has proved fallacious, for slight and often unrecognized causes have determined the return of the difficulty. I therefore now venture the opinion that localized granular urethritis will be found to

result from interference with the muscular movements or with the caliber of the urethra in every instance."

TREATMENT OF RHUS-POISONING. — Dr. James C. White, Professor of Dermatology in Harvard University, appears, in the New York Medical Journal, in a most interesting communication on the action of *rhys venenata* and *rhys toxicodendron* upon the human skin, from which we make the following extract on the management of the poison:

"A great many remedies have been recommended in both medical and botanical books for the treatment of persons poisoned by rhus, while others of a 'domestic' character are used in various parts of the country. Among the former a solution of acetate of lead holds the most conspicuous place. Torrey, in his Botany of New York, says one of the best applications is a solution of sugar of lead after the use of saline cathartics. Mr. Bigelow (Medical Botany) thinks the application of acetate of lead as useful as any external palliative, and that it should be used as cold as possible. Solutions of sulphate of copper and of other metallic salts have also been recommended by physicians. Among the domestic remedies vinegar and solutions of saleratus and carbonate of soda are widely and highly esteemed. A decoction of Virginia snake-root (*serpentaria*) is also supposed to possess special power against the poison. In an old copy of Bigelow's *Florula Bostoniensis* I find, in connection with *rhys toxicodendron*, a marginal note by its former owners stating that if soft-soap be rubbed thoroughly into the hands after handling specimens its poisonous action will be prevented.

"It is evident from our knowledge of the nature of the poison and its effects, as above described, that two distinct questions are to be considered in connection with the treatment of rhus-poisoning, as in toxicological therapeutics generally: first, that of the necessity and selection of an antidote; second, that of the proper management of the changes in the

tissues of the skin. So far as I know, these have never been sufficiently recognized by writers and practitioners, perhaps because we were so long ignorant of the true chemical nature of the poison; and the reputation which some of the above-mentioned remedies have perhaps justly acquired rests upon their successful action in one or the other of these directions, according to the period in which they may have been used.

"Whether or not we should resort to an antidote must of course be determined by the length of time since the parts affected were in contact with the plant or its exhalations. As the poisonous principle is of a volatile character, it is questionable how much good can be done in this direction after the first day, or even then after the hands have been washed with simple water. How long the poison may retain its characteristic peculiarities after absorption by the skin, and how readily our antidote may follow and penetrate to it, are also matters of uncertainty. As to the nature of the remedies to be used at this stage and for this purpose, there can be of course no longer any question. We have to deal with an acid, and the antidote for an acid is an alkali; that is, provided the salts thus formed are not equally poisonous. This is consistent with the popular reputation of solutions of salaratus and soda as remedies, and will explain the action of the soft-soap above mentioned. These are true antidotes, but they can be of benefit only from their chemical action, and in this way. In the later stages, or in other words, against the subsequent eczematous changes in the cutaneous tissues, they can do no good. The action of that most popular of all remedies in this affection, the solution of sugar of lead, is a mixed one, and seems to have been happily, though unwittingly, selected as an appropriate remedy in all stages. Toxicodendric acid precipitates from it an insoluble and therefore harmless salt, while its astrigent action is well adapted in many cases to the relief of the inflammatory processes in the skin.

"The treatment of the later stages of rhus-poisoning—that

is, of the eruption it produces—need not be specially considered, for it is mainly that of the corresponding varieties of ordinary acute eczema. It is seldom that the physician is called upon before the inflammatory process is well developed, so that there generally remains for him only the selection of the applications appropriate to a simple eczema of the same stage. In the great majority of cases I have found black-wash—calomel  $\mathfrak{z}\text{j}$ , lime-water  $\text{Oj}$ —by far the best application to the affected parts, used as an evaporating lotion upon thin and old linen or cotton cloth, for half an hour or one hour at a time, two or three times a day. I have used in connection with it, to moist or excoriated parts, a powder of oxide of zinc  $\mathfrak{z}\text{j}$ , starch  $\mathfrak{z}\text{j}$ , or plasters of oxide of zinc or diachylon-ointment, as in the management of ordinary eczema. In the black-wash we have possibly three elements at work in our favor: first, the alkali as antidote, if it is of any avail at such periods; second, the action of cold from evaporation upon the local hyperamy; and third, the astringent effect of the mercurial powder upon the diseased tissues. In all cases of poisoning I have been entirely satisfied with its effects, however extensive in distribution or advanced in development the inflammatory condition of the skin. Only upon the thickened epidermal coverings of the efflorescences in the palms does it seem ineffectual. To these tardy and well-protected manifestations I apply solutions of corrosive sublimate, from one to two grains to the ounce of water, in the same way as the black-wash is used upon the other parts. By these means the eczematous process is checked and shortened, and the subjective symptoms greatly alleviated. Of any internal treatment of direct bearing upon the affection I have never seen the operation or need. A simple and restricted diet in severe cases is of course to be observed."

CARBAZOTATE (PICRATE) OF AMMONIA AS A SUBSTITUTE FOR SULPHATE OF QUININE.—In a paper on this subject by

Dr. Dujardin-Beaumetz, in the *Gazette Médicale de Paris*, he says:

"1. That carbazotate of ammonia is a very effective agent in the treatment of intermittent fevers; 2. That the suppression of the attack may be accomplished by the administration of from two to four centigrammes (one fifth to half a grain) of the carbazotate in twenty-four hours; 3. That in these doses the remedy never appears to have any noxious effects, but is in point of fact better borne than quinine; 4. That this preparation of picric acid is not dangerous; 5. That the physiological action of carbazotate of ammonia presents very close analogies with that of sulphate of quinine; 6. That the use of this remedy should become more general, and that in a large number of cases it is destined to replace the sulphate of quinine." (Practitioner.)

TREATMENT OF TYPHOID FEVER.—The following is said (*Journal de Médecine*) to be the treatment of typhoid fever pursued by M. Péter, Professor Agrégé of the Hôpital de la Charité:

Every other day he gives a glass of Seidlitz water, and morning and evening an emollient injection. The injection he considers to be useful in removing putrid matters. The glass of aperient fluid, without exhausting the patient like a daily purge, also keeps the intestinal canal clear from disintegrated matter. He uses the sulphate of quinine in quantities amounting to from seven to fifteen grains per diem as a febrifuge, increasing the dose in proportion to the intensity of the attack. He places great reliance on alcoholic stimulants, prescribing every day four or five ounces of quinine wine, which is made into a lemonade so as to make from two to three pints of fluid, by which means the vegetable acids are freely and easily administered. These, he thinks, remove the crusts of the tongue, and the symptoms produced by putridity are removed. If the case goes on from bad to

worse—if the fever becomes more intense, the temperature increasing, and nervous phenomena supervening—he willingly has recourse to the action of cold, but does not adopt either baths or even cold effusion, which require, he thinks, great circumspection in their application, but contents himself with simply sponging the surface of the body with a sponge dipped in vinegar. Two assistants are required; one lightly passes the wet sponge over the skin, while the second rapidly rubs it dry with a soft cloth and quickly covers it. He considers one washing per diem to be enough. (Practitioner.)

ON THE TREATMENT OF SCABIES IN CHILDREN.—Dr. Alois Monti, knowing by experiment that copaiva balsam kills the itch-insect, tried it in cases in children. After previous washing, it is rubbed in two or three times a day, producing severe redness, which passes off in half an hour. The itching usually ceased after the first inunction. The irritation of the skin diminished and disappeared entirely after three to four inunctions. The cure was in every case complete. The duration of the treatment varied from two to twelve days. It is cheaper than Peruvian balsam, has a pleasant smell, does not soil the linen, and is, especially for infants, preferable to sulphur.

Carbolic acid in solution, fifty-six grains to the pound of water, or as ointment, fifty-six grains to four ounces of simple ointment. After first cleansing the skin use it as a wash or inunction, or in scabies purulenta as a poultice. It produces redness and slight burning, which soon disappears. In all the cases so treated complete cure was effected, generally after six to nine inunctions, within two to four days. If eczema exist with it, it is generally longer—about twelve days. The author never observed poisoning. It produces no eczema, is very convenient, less costly than Canada or Peruvian balsam, and has the advantage over styrax that the linen is cleansed and disinfected. (Edinburgh Med. Jour.)

## **Notes and Queries.**

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THE TRANSFUSION OF BLOOD.—The Transfusion Committee, appointed by the Obstetrical Society of London, has adopted the following programme of its aims and objects: 1. To collect evidence from gentlemen who have had experience in cases of transfusion; 2. To obtain the particulars of all recorded cases (performed on the human subject), with the view of finding out as far as possible to what extent the so-called successful cases were due to transfusion; 3. To examine the various kinds of instruments used in both the mediate and immediate forms of the operation; 4. If considered necessary, to institute further experiments for the purpose of determining how far transfusion may be relied upon as a means of saving life, and also the best mode of performing the operation. The Committee will be happy to receive communications on the subject, which should be addressed to the honorary secretary, Dr. Madge, at the Society's Library, 291 Regent Street, W. (London Medical Record.)

NEW METHOD OF PRESERVING TUMORS, ETC., DURING TRANSPORTATION.—Dr. Joseph G. Richardson, of Philadelphia, has found the following method of preserving certain objects for the microscope the best where they are to be transported. His experience on the matter is valuable.

“Place a small fragment of any tumor or pathological structure, say a quarter to half an inch square and one tenth of an inch thick, in a couple of drachms of saturated solution of acetate of potash, and allow it to fully imbibe the fluid by soaking therein for forty-eight hours. The solution referred

to is best made by simply pouring half an ounce of rain-water upon one ounce of dry granulate acetate of potash, in a clean bottle. When the tissue is fully saturated with this saline liquid remove it by means of a pair of forceps, without much pressure, and insert it in a short piece of India-rubber tubing, or wrap it up carefully in a number of folds of thin sheet-rubber or of oiled silk, tying the whole firmly at the ends with strong thread. When thus prepared specimens can be inclosed with a letter in an ordinary envelope, and sent long distances, doubtless thousands of miles, by mail without danger, on the one hand, of decomposition, because of the preservative power of the potassic acetate, or on the other of desiccation, on account of its exceedingly deliquescent nature."

CINCHO-QUININE.—In answer to several inquiries concerning the nature and uses of this comparatively new alkaloid, which seems just now to be exciting marked attention in the profession, we republish from the Boston Journal of Chemistry for June, 1869, the following account of the salt. As the season of the year is approaching when the products of the bark will be in great request, we should be pleased to have from such of our readers as use the cincho-quinine a report of their experience with it, especially as compared with the sulphate of quinia. There seems good reason for believing it to be a very valuable addition to the list of antiperiodics.

"Acting upon the idea that the natural alkaloidal principles of bark in their simple, unchanged condition, separated from the gross, woody, and other matters, would better subserve all therapeutical ends than the barks themselves, or *any one* of the alkaloids separately employed, cincho-quinine has been prepared.

"Cincho-quinine contains no external agents, as sugar, licorice, starch, magnesia, etc. *It is wholly composed of the bark alkaloids: first, quinia; second, cinchonia; third, quinidia;*



fourth, cinchonidia; fifth, other alkaloidal principles present in barks, which have not been distinctly isolated, and the precise nature of which are not well understood. In the beautiful white amorphous scales of cincho-quinine the whole of the active febrifuge and tonic principles of the cinchonia barks are secured without the inert, bulky lignin, gum, etc. It is believed to have these advantages over sulphate of quinine:

"1. It exerts the full therapeutic influence of sulphate of quinine, in the same doses, without oppressing the stomach or creating nausea. It does not produce cerebral distress, as sulphate of quinine is apt to do; and in the large number of cases in which it has been tried it has been found to produce much less constitutional disturbance.

"2. *It has the great advantage of being nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

"3. It is less costly than sulphate of quinine. Like the sulphate of quinine, the price will fluctuate with the rise and fall of barks, but it will always be less than the lowest market-price of that salt.

"4. It meets indications not met by that salt."

#### FRENCH COMPLIMENTS TO BRITISH SURGEONS AND SURGERY.

The death of Napoleon III. has given rise to some feeling between the doctors on the two sides of the channel. The French surgeons claim that Nelaton discovered the calculus, but advised the Emperor against an operation, saying it would be fatal; and this is made the text for some very brutal assaults on English surgeons in general and Sir Henry Thompson in particular. A French surgeon of distinction, but whose name is not given, expressed himself to a newspaper correspondent as follows:

"You have come to talk to me about Sir Thompson," said he at once. "He is a skillful man. He is not the best of the English surgeons, nor is he the worst. He operates very well, but too quickly,

and above all with too great ease. He has coolness, but no feeling; he works for the gallery, not enough for his patient; and, provided the public praises his promptness and his dexterity, he cares very little for the rest; for he knows very well that beyond the patient's family, which appreciates the art otherwise than from a love of art, the public is full of indulgence for sleight-of-hand. Death can always be very easily explained by the fragility of our feeble nature. This is, moreover, the fault of the English surgeons of our day. Sir Astley Cooper, their greatest operator, knew it and deplored it during his latter days. Sir Astley Cooper is dead, and, believe me, dead altogether. [That is to say, his art has died with him.] Sir Thompson does his surgery as Berger does his billiards; the two are equally celebrated. I saw Thompson a few years ago at Paris. He is a magnificent Englishman; tall, blonde, with an audacious eye and an air of revery, a high and intelligent forehead, a straight nose, the mouth being scornful and full of *cant*. Aristocrat to the tips of his fingers, he became celebrated by operating upon the King of the Belgians, who is dead. He arrived at illustrious notoriety in operating upon Napoleon III.; that is the second work carried from bad to worse, and he awaits a third. He is not a *savant*, for his works are compilations disavowed by every body; he is not an anatomist, for the English are never anatomists, or are so no longer. He is a stone-breaker, and that is all; and, as you can see, a stone-breaker who has very small luck. Ah! we need not glance down the list to be proud of our surgery. There are not two surgeons in France who would have done as he did."

"That does not alter the fact," said I, "that this calculus was remarked by your grand Nelaton."

"My dear friend," said he, "each surgeon has his own way of acting, and I believe in each. When one says, You have a stone in the bladder, that means in simple French, I propose to get rid of it for you. Do you seize the shade of difference? What good is there in telling a patient that he has a calculus if the conditions are unfavorable for an operation? Nelaton felt the stone; but he felt also that the surrounding organs were so much deranged that death was certain. He notified M. Corvisart and the family, and said that he would send a surgeon from Paris to perform the operation whenever practicable. Things went on from bad to worse. Other disorders set in; the machine was used up; the disease without remedy; an operation was certain death at very short date.

Thompson decided upon operating when Nelaton would not. The Napoleons will always do wrong to trust to the English. I can see him from here, this big devil of an Englishman, Thompson, with his slow and masterly brutality, introducing his instruments into the organs of a moribund, and going ahead with British 'cheek' and coolness, *ad angusta, per angusta*, like the conspirators in Ernani. The result was not doubtful, and—you know the rest."

The assertion that British surgery died with Sir Astley Cooper is good—very.

THE LOUISVILLE COLLEGE OF PHARMACY.—The following are the names of the directors for the current year of this excellent institution: F. J. Pfingst, Wm. G. Schmidt, E. Scheffer, John Colgan, P. P. Sutton, F. C. Miller, C. L. Diehl, V. Davis, S. F. Dawes, J. A. McAfee, B. F. Alford, and E. N. Woodruff. The directors organized by electing C. L. Diehl president, E. Scheffer and B. F. Alford vice-presidents, T. C. Miller recording secretary, Wm. G. Smith corresponding secretary, S. F. Dawes treasurer, and J. A. McAfee curator.

The directors recently appointed a board of trustees, consisting of Messrs. Schmidt, Davis, Colgan, Sutton, and Pfingst, for the purpose of creating a building-fund to enable the College to erect a suitable building for the growing school. So far the subscriptions amount to nine hundred and ninety-six dollars. The following matriculates passed satisfactory examinations at the close of the session: Ed. S. Anderson, John Leomis, Henry Voigt, Ed. D. Caldwell, Chas. R. Deckress, and Ph. G. Beutel.

With such enterprise and spirit as the officers of this young school have exhibited, there can be no doubt as to its ultimate success. In a very few years a fund will have been acquired large enough to erect a first-class building, and equip it in the best style. In the mean time the faculty have commodious rooms and every appliance necessary for successful teaching.

AMERICAN MEDICAL ASSOCIATION.—The Twenty-fourth Annual Session will be held in St. Louis, Mo., May 6, 1873, at eleven o'clock A. M. The following committees are expected to report:

*On Cultivation of the Cinchona-tree*—Dr. Lemuel J. Deal, Philadelphia, Pa., Chairman.

*On Measures to Prevent the Extension of Diseases of Inferior Animals to Man, and the Sanitary Measures to arrest the Progress of such Diseases in Animals*—Dr. A. W. Stein, New York, N. Y., Chairman.

*On the Treatment of Fractures*—Dr. Lewis A. Sayre, New York, N. Y., Chairman.

*On Gunguillia, a Substitute for Quinia*—Dr. William Chew Van Bibber, Baltimore, Md., Chairman.

*On Gynecology*—Dr. Montrose A. Pallen, Saint Louis, Mo., Chairman.

*On the Renewal of Prescriptions without Authority, and on the Relations of Physicians and Druggists*—Dr. R. J. O'Sullivan, New York, N. Y., Chairman.

*On Vaccination*—Dr. T. N. Wise, Covington, Ky., Chairman.

*On Skin Transplantation*—Dr. J. Ford Thompson, Washington, D. C., Chairman.

*On some Diseases peculiar to Colorado*—Dr. John Elsner, Denver, Col., Chairman.

*On Correspondence with State Medical Societies*—Dr. N. S. Davis, Chicago, Ill., Chairman.

*On National Health Council*—Dr. Thos. M. Logan, Sacramento, Cal., Chairman.

*On Nomenclature of Diseases*—Dr. Francis Gurney Smith, Philadelphia, Pa., Chairman.

*On American Medical Necrology*—Dr. J. D. Jackson, Danville, Ky., Chairman.

*On Suggestions on Medical Education*—Dr. A. M. Pollock, Pittsburgh, Pa., Chairman.

*On Medical Education*—Dr. William Carson, Cincinnati, Ohio, Chairman.

*On Medical Literature*—Dr. Austin Flint, New York, N. Y., Chairman.

*On Prize Essays*—Dr. John S. Moore, St. Louis, Mo., Chairman.

*On Plan for better Arrangement of Sections and more rigid Examination of Papers offered for Publication*—Dr. E. L. Howard, Baltimore, Md., Chairman.

*On Ethics*—Dr. H. F. Askew, Wilmington, Del., Chairman.

*On the Climatology and Epidemics of the several States and Territories*—By a medical man in each.

Physicians desiring to present papers before the Association should observe the following rule: "Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the secretary to whom such papers are sent to examine them with care, and, with the advice of the chairman of his section, to determine the time and order of their presentation, and give due notice of the same." . . .

#### OFFICERS OF SECTIONS.

*Chemistry and Materia Medica*—Drs. R. E. Rogers, Philadelphia, Pa., Chairman; Ephraim Cutter, Boston, Mass., Secretary.

*Practice of Medicine and Obstetrics*—Drs. D. A. O'Donnell, Baltimore, Md., Chairman; Benjamin F. Dawson, New York, N. Y., Secretary.

*Surgery and Anatomy*—Drs. Edward Warren, Baltimore, Md., Chairman; W. F. Peck, Davenport, Iowa, Secretary.

*Meteorology and Epidemics*—Drs. George Sutton, Aurora, Ind., Chairman; Elisha Harris, New York, N. Y., Secretary.

*Medical Jurisprudence, Hygiene, and Physiology*—Drs. S. C. Busey, Washington, D. C., Chairman; A. B. Arnold, Baltimore, Md., Secretary.

*Psychology*—Drs. Isaac Ray, Philadelphia, Pa., Chairman; John Curwen, Harrisburg, Pa., Secretary.

#### AMENDMENTS TO BE ACTED ON.

(TO CONSTITUTION.)

*Resolved*, that the United States Marine Hospital Service be placed in the same relative position in the American Medical Association as the Medical Departments of the United States Army and Navy; and that in paragraph 2 of the 2d section, after the words "army and navy," the words "and the United States Marine Hospital Service" be inserted.

(TO BY-LAWS.)

SEC. III.—*Standing Committees.*

That instead of a report on Medical Education, on Medical Literature, and Climatology and Epidemic Diseases, there shall be annually delivered before the Association at its general meetings an address in Medicine, an address in Surgery, and an address in Midwifery, or the Diseases of Children; the lecturers to be appointed this year by the President, afterward by the Committee on Nominations.

Also, in section 6, after the words "the chiefs of the bureaus of the army and navy," be inserted "and the supervising surgeon of the United States Marine Hospital Service."

Secretaries of all medical organizations are requested to forward lists of their delegates, as soon as elected, to the permanent secretary.

W. B. ATKINSON, *Secretary*,  
1400 Pine Street, Philadelphia.

"NORMAL" OVARIOTOMY.—When Dr. Batty, of Georgia, extirpated the ovaries for painful menstruation the exploit was noticed in the review department of this journal. The operation was almost universally pronounced of questionable propriety; but we hoped, mainly for the sake of the surgeon, that it would yield good results in this particular case. We regret to learn, from the following note contained in the Philadelphia Medical and Surgical Reporter, that "the operation is a failure. The menstrual molimen and sanguineous discharge, with great suffering, still occur monthly."